



Docket No.: CX03021USU (03CXT0033D)  
Serial No.: 10/750,989

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Ryuji Maeda

DOCKET NO.: CX03021USU (03CXT0033D)

SERIAL NO.: 10/750,989

GROUP ART UNIT: 2817

DATE FILED: 12/31/2003

EXAMINER: Nguyen, Patricia T.

CONFIRMATION NO.: 5490

TITLE: ACTIVE SPLITTER FOR MULTIPLE RECEPTION UNITS

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Services with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on August 22, 2005.

Mariana Paula Noli

August 22, 2005

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT TRANSMITTAL**

Sir:

The following documents are enclosed:

1. Response to Office Action dated May 27, 2005 (\$900.00 for additional claims (see below)); and
2. Credit Card Authorization in the amount of \$900.00.

Based upon the chart below, we are submitting \$900.00 for the additional claims,

calculated as follows:

08/29/2005 SLUANG1 00000007 10750989

01 FC:1201  
02 FC:1202

200.00 OP  
700.00 OP

	(Col. 1)		(Col. 2)	(Col. 3)	Other than a small entity	
	Claims remaining after amendment		Highest no. previously paid for	Present extra	Rate	Additional fee
Total	50	minus	36	= 14	x \$50 =	\$700
Indep.	4	minus	3	= 1	x \$200 =	\$200
First presentation of multiple dependent claim					+ \$360 =	\$0
<b>TOTAL ADDITIONAL FEE</b>						<b>\$900</b>

\* If the entry in column 1 is less than the entry in Col. 2, enter "0" in Col. 3.

\*\* If the "Highest no. previously paid for" in Col. 2, Row 1 is less than 20, enter "20".

\*\*\* If the "Highest no. previously paid for" in Col. 2, Row 2 is less than 3, enter "3".

The "Highest no. previously paid for" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment of the number of claims originally filed.

A fee of \$700.00 for claims is required. The Commissioner is hereby authorized to charge any additional fees which may be required for this response, or to credit any overpayment to Deposit Account No. 50-2542.

Respectfully submitted,

THE ECLIPSE GROUP

Date: August 22, 2005

By: 

Francisco A. Rubio-Campos

Registration No. 45,358

Attorney for Applicant

**The Eclipse Group**

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(818) 332-4205 Fax

Customer No. **34408**



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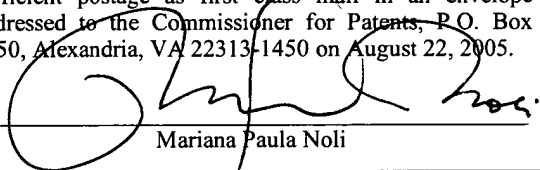
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August 22, 2005

  
Mariana Paula Noli

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**AMENDMENT AND REPLY UNDER 37 C.F.R. 1.111**

This amendment is responsive to the Office Action dated May 27, 2005, for which the shortened statutory period for reply expires on August 27, 2005. Accordingly, this amendment is believed to have been timely filed. Favorable consideration is respectfully requested in view of the following Amendments and Remarks.

08/29/2005 SLUANG1 00000007 10750989

01 FC:1201 200.00 OP  
02 FC:1202 700.00 OP